



<u>GUM DISEASE RISK ASSESSMENT</u>	YES	NO
Yes responses may indicate increased susceptibility to decay.		
1. Are you over the age of 40?		
2. Are you a female?		
3. Do your gums ever bleed?		
4. Are your teeth loose?		
5. Have your gums receded or do your teeth look longer?		
6. Do you smoke or use tobacco products?		
7. Have you seen a dentist in the last two years?		
8. Do you floss at least once a day?		
9. Have you ever been told you have gum problems, gum infection or gum inflammation?		
10. Have you had any adult teeth extracted due to gum disease?		
11. Have any of your family members had gum disease?		
MEDICAL CONDITIONS: Do you currently have any of the following health conditions?		
12. Heart disease?		
13. Osteoporosis?		
14. Osteopenia?		
15. High stress?		
16. Diabetes?		
17. Cancer treatment: radiation, chemotherapy?		
18. Are you currently in a hormonal Change (teenager, pregnant Mother, menopause)?		